

10/7/18 652

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							61					
2							62					
3							63		1			
4							54			1		
5							65			1		
6							66			1		
7							67			1		
8							68			1		
9							69			1		
10							70			1		
11							71			1		
12							72			1		
13							73			1		
14							74			1		
15							75			1		
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.			5		
42							TOTAL DEP.			18		
43							TOTAL CLAIMS			23		
44												
45												
46												
47												
48												
49												
50												